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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	King First name W. Middle name Thomas Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2515	

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		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	611 Wicker Ave. Streamwood, IL 60107 Number, Street, City, State & ZIP Code Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code	If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 King W. Thomas

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Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1

King W. Thomas

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Par	Report About Any Bu	sinesses	You Owi	n as a Sole Propriet	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	e and location of busi	ness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numl	ber, Street, City, State	e & ZIP Code
	it to this petition.		Chec		to describe your business:
					ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?			a small business debtor, you must attach your most recent balance sheet, statement of	
	For a definition of small	■ No.	I am	not filing under Chapt	ter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am Code	1, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am	filing under Chapter 1	1 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	, Hazardı	Ous Property or Δην	Property That Needs Immediate Attention
	Do you own or have any	■ No.	, riazai a	<u> </u>	Troporty man recode miniculate / members
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	□ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	is the property?	
s. go opano.				-	Number, Street, City, State & Zip Code

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Debtor 1 King W. Thomas

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

I received a briefing from an approved credit
counseling agency within the 180 days before I filed
this bankruptcy petition, and I received a certificate of
completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Part	6: Answer These Questi	ons for R	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consur individual primarily for a personal,		d in 11 U.S.C. § 101(8) as "incurred by an		
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.		ss debts? Business debts are debts that or through the operation of the busine			
			□ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe that are not consumer debts or business debts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.			
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?				
	administrative expenses are paid that funds will		■ No				
	be available for distribution to unsecured creditors?		Yes				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000		
		L 200-9	99				
19.	How much do you estimate your assets to be worth?	\$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you estimate your liabilities to be?	\$100,0	50,000 101 - \$100,000 101 - \$500,000 1001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion		
Part	7: Sign Below						
For	you	If I have of United St United St If no attor documen I request I understabankrupte and 3571 /s/ King W.	chosen to file under Chapter 7, I amates Code. I understand the relief at the relief at the relief at the relief at the relief and read the notion of the relief in accordance with the chapter and making a false statement, concey case can result in fines up to \$25. W. Thomas Thomas Thomas	er of title 11, United States Code, specific realing property, or obtaining money or p 50,000, or imprisonment for up to 20 yea Signature of Debtor 2 Executed on	nder Chapter 7, 11,12, or 13 of title 11, use to proceed under Chapter 7. In attorney to help me fill out this ed in this petition. Property by fraud in connection with a urs, or both. 18 U.S.C. §§ 152, 1341, 1519,		
	WINT DD / TTTT						

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Debtor 1 King W. Thomas

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David M. Siegel	Date	December 8, 2017
Signature of Attorney for Debtor		MM / DD / YYYY
David M. Siegel		
Printed name		
David M. Siegel & Associates		
Firm name		
790 Chaddick Drive Wheeling, IL 60090		
Number, Street, City, State & ZIP Code		
Contact phone (847) 520-8100	Email address	
#06207611		
Bar number & State		

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is informa	tion to identify yo	ur case:			
	King W. Thoma	as			
	First Name	Mid	ldle Name	Last Name	I

t if this is an

Official Form 106Sum

Fill in th

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

12/08/17 10:12AM

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	224,102.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	4,800.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	228,902.00
Pai	t 2: Summarize Your Liabilities		
			i abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	203,680.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	65,322.00
	Your total liabilities	\$	269,002.00
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,471.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,471.00
Paı	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 King W. Thomas

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill in this in	nformation to identi	y your case and					
Debtor 1	King W. Th	omas					
D - l- 1 0	First Name		dle Name	Last Name			
Debtor 2 (Spouse, if filing)) First Name	Midd	dle Name	Last Name			
United State	s Bankruptcy Court fo	or the: NORTHE	RN DISTRICT O	F ILLINOIS			
Case numbe	ar						Charle if this is an
							Check if this is an amended filing
Sched	st. Be as complete and more space is needed	Property describe items. Lis	ble. If two married	nce. If an asset fits in more than o I people are filing together, both a I. On the top of any additional pag	re equally responsible	e for suppl	ying correct
Part 1: Desc	cribe Each Residence,	Building, Land, or C	Other Real Estate	You Own or Have an Interest In			
□ No. Go to ■ Yes. Wh	o Part 2. here is the property?		What is the p	property? Check all that apply			
	icker Ave.		Single	-family home	Do not deduct sec	ured claims	s or exemptions. Put
Street add	dress, if available, or other d	escription		c or multi-unit building minium or cooperative			aims on <i>Schedule D:</i> Secured by Property.
	mwood IL	60107-0000 ZIP Code	Land	actured or mobile home	Current value of entire property?	p	Current value of the ortion you own?
City	State	ZIF Code	☐ Times	ment property hare			· ,
			Other Who has an i	interest in the property? Check one		ple, tenano	ownership interest by by the entireties, or
Cook			_ Debtor	2 only			
County			_	1 and Debtor 2 only	☐ Check if this	is commu	nity property
			Other inform	st one of the debtors and another ation you wish to add about this in ntification number:	(see instruction	s)	
O Add the	deller value of the	portion you own f	for all of your or	ntries from Part 1, including a	ny anti-ing for		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

pages you have attached for Part 1. Write that number here.....=>

page 1 Official Form 106A/B Schedule A/B: Property

Part 2: Describe Your Vehicles

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Case number (if known) Document Debtor 1 King W. Thomas 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Ford Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Escape** Creditors Who Have Claims Secured by Property. Model Debtor 1 only 2008 Year: Debtor 2 only Current value of the Current value of the 148,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$2,850.00 \$2,850.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$2.850.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... **Household Goods and Furniture** \$1,000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... TV & Electronics \$200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms

Nο

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

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Debtor 1	King W. Thomas		Bocament	Page 12 of 53	umber (if known)		
☐ Yes.	Describe						
□ No	oles: Everyday clothes, furs	, leather coat	s, designer wear, shoes	, accessories			
■ Yes.	Describe						
	Norma	l Apparel					\$300.00
■ No		tume jewelry,	engagement rings, wed	ding rings, heirloom jewelry, v	vatches, gems, ç	gold, silver	
Examp □ No	rm animals oles: Dogs, cats, birds, hors Describe	ses					
	2, Dogs	 S					\$50.00
15. Add t for Pa	art 3. Write that number h	our entries fr ere			ve attached		,550.00
Do you ow	n or have any legal or eq	juitable inter	est in any of the follow	ing ?		Current value portion you Do not deducted claims or ex	own? ct secured
■ No □ Yes 17. Deposi	ts of money						
			al accounts; certificates of counts with the same ins	of deposit; shares in credit uni titution, list each.	ons, brokerage i	nouses, and other	sımılar
□ No ■ Yes			Institution r	name:			
	17.1.	Checking A	Account Bank of A	America			\$400.00
Examp ■ No	mutual funds, or publicloles: Bond funds, investmen		ith brokerage firms, mor	ney market accounts			
19. Non-pu joint v				orporated businesses, inclu	iding an interes	t in an LLC, partı	nership, and
■ No □ Yes.	Give specific information a	about them					
		ne of entity:		% of c	wnership:		

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Debtor 1 King W. Thomas

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Case number (if known)

Case Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

	Government and corporate bonds and other negotiable Negotiable instruments include personal checks, cashiers' Non-negotiable instruments are those you cannot transfer t ■ No □ Yes. Give specific information about them Issuer name:	checks, promissory notes, and money orders.	
21.		thrift savings accounts, or other pension or profit-sharing plans	S
	■ No □ Yes. List each account separately. Type of account:	Institution name:	
22.	Security deposits and prepayments Your share of all unused deposits you have made so that y Examples: Agreements with landlords, prepaid rent, public No	rou may continue service or use from a company utilities (electric, gas, water), telecommunications companies,	or others
	□ Yes	Institution name or individual:	
23.	Annuities (A contract for a periodic payment of money to yo	ou, either for life or for a number of years)	
	■ No □ Yes Issuer name and description.		
24.	Interests in an education IRA, in an account in a qualifie 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	d ABLE program, or under a qualified state tuition prograr	n.
		arately file the records of any interests.11 U.S.C. § 521(c):	
	Trusts, equitable or future interests in property (other the No ☐ Yes. Give specific information about them	han anything listed in line 1), and rights or powers exercise	able for your benefit
	Patents, copyrights, trademarks, trade secrets, and othe Examples: Internet domain names, websites, proceeds from		
	■ No □ Yes. Give specific information about them		
27.	Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative No	e association holdings, liquor licenses, professional licenses	
	☐ Yes. Give specific information about them		
M	oney or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you		
	■ No □ Yes. Give specific information about them, including whet	ther you already filed the returns and the tax years	
	Family support Examples: Past due or lump sum alimony, spousal support No Yes. Give specific information	t, child support, maintenance, divorce settlement, property settl	lement
30.	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, d benefits; unpaid loans you made to someone el No	lisability benefits, sick pay, vacation pay, workers' compensatilse	on, Social Security
	☐ Yes. Give specific information		

Debtor 1	Case 17-36454 King W. Thomas	Doc 1	Filed 12/08/17 Document	Entered 12/08/17 10:14:27 Page 14 of 53 Case number (if known)	Desc Main 12/08/17 10:12/
-	sts in insurance policies	e insurance; I	health savings account ((HSA); credit, homeowner's, or renter's insural	nce
	Name the insurance compa Com	any of each p pany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
		Insurance th Benefit (Policies Term Only		\$0.00
If you some of	terest in property that is care the beneficiary of a living one has died. Give specific information			ed nsurance policy, or are currently entitled to rec	eive property because
Examp ■ No	s against third parties, who ples: Accidents, employment Describe each claim			nit or made a demand for payment s to sue	
■ No	contingent and unliquidat Describe each claim	ed claims of	every nature, includin	ng counterclaims of the debtor and rights to	o set off claims
■ No	nancial assets you did not Give specific information	t already list			
	the dollar value of all of yo art 4. Write that number h			ny entries for pages you have attached	\$400.00
Part 5: De	escribe Any Business-Related	Property You	Own or Have an Interest	In. List any real estate in Part 1.	
■ No. Go	own or have any legal or equ i o to Part 6. Go to line 38.	itable interest	in any business-related p	property?	
	escribe Any Farm- and Commo			n or Have an Interest In.	
■ No.	u own or have any legal or Go to Part 7. s. Go to line 47.	r equitable ir	nterest in any farm- or	commercial fishing-related property?	
Part 7:	Describe All Property You	Own or Have a	an Interest in That You Di	d Not List Above	

54. Add the dollar value of all of your entries from Part 7. Write that number here

☐ Yes. Give specific information.......

53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership

\$0.00

Entered 12/08/17 10:14:27 Desc Main Case 17-36454 Doc 1 Filed 12/08/17

Page 15 of 53

Case number (if known) Document

Debtor 1 King W. Thomas List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 55. \$224,102.00 Part 2: Total vehicles, line 5 56. \$2,850.00 Part 3: Total personal and household items, line 15 \$1,550.00 57. 58. Part 4: Total financial assets, line 36 \$400.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total 62. \$4,800.00 \$4,800.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$228,902.00

Official Form 106A/B Schedule A/B: Property page 6 Case 17-36454 Doc 1 Filed 12/08/17 Entered 12/08/17 10:14:27 Desc Mair

		Document	Page 16 of 53	12/08/17 10:12AM
Fill in this infor	mation to identify your	case:		
Debtor 1	King W. Thomas			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF I	LINOIS	
Case number				
(if known)				Check if this is an amended filing
○ ((:-:-1 □-	1000			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Proper	y You Claim as Exempt
-----------------------------	-----------------------

1.	Which set of exemptions are	you claiming?	Check one only.	even if your s	pouse is filing	with yo	эu

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

	Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	611 Wicker Ave. Streamwood, IL 60107 Cook County	\$224,102.00	•	\$15,000.00	735 ILCS 5/12-901
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	611 Wicker Ave. Streamwood, IL 60107 Cook County	\$224,102.00		\$0.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	2008 Ford Escape 148,000 miles	\$2,850.00		\$2,400.00	735 ILCS 5/12-1001(c)
L	Line from Gonedate A.E. G.			100% of fair market value, up to any applicable statutory limit	
	2008 Ford Escape 148,000 miles	\$2,850.00		\$450.00	735 ILCS 5/12-1001(b)
LIN	Line from Gonedate A.D. G.1			100% of fair market value, up to any applicable statutory limit	
	Household Goods and Furniture Line from Schedule A/B: 6.1	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
	Line from Scriedule AVD. V. I			100% of fair market value, up to any applicable statutory limit	

Case 17-36454 Doc 1 Filed 12/08/17 Entered 12/08/17 10:14:27 Desc Main Document Page 17 of 53

ebtor 1 King W. Thomas			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Specific laws that allow exemption		
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
TV & Electronics Line from Schedule A/B: 7.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
Line Holli Golleddie AVD. 7.1			100% of fair market value, up to any applicable statutory limit	
Normal Apparel Line from Schedule A/B: 11.1	\$300.00		\$300.00	735 ILCS 5/12-1001(a)
Line Hom Schedule AVB. 11.1			100% of fair market value, up to any applicable statutory limit	
2, Dogs Line from Schedule A/B: 13.1	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B. 13.1			100% of fair market value, up to any applicable statutory limit	
Checking Account: Bank of America Line from Schedule A/B: 17.1	\$400.00		\$400.00	735 ILCS 5/12-1001(b)
Line IIIIII Schedule A/B. 17.1			100% of fair market value, up to any applicable statutory limit	
Life Insurance Policies Term Death Benefit Only	\$0.00		\$0.00	215 ILCS 5/238
Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3			led on or after the date of adjustme	nt.)
Yes. Did you acquire the property covered	ed by the exemption wi	ithin 1	,215 days before you filed this case	?
□ No				
☐ Yes				

Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name a number (if known). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Wells Farron Hm	n 12/08/17 10:12A
Debtor 2 Spouse If, Illing First Name Middle Name Last	
Debtor 2 Spouse If, Illing First Name Middle Name Last	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (Ikrown)	
Case number (it known) Case number (it known) Check if th amended: Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name sumber (if known). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Part I: List All Secured Claims. List all secured claims. If more than one creditor has a particular claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the creditor's name. Column A Mount of claim Do not deduct the value of collateral was possible, list the claims in alphabetical order according to the creditor's name. Column B Value of collateral Do not deduct the value of collateral to a particular claim, list the creditor's name. Scolumn A Mount of claim Do not deduct the value of collateral Do not deduct the value of collateral to a particular claim, list the creditor's name. Scolumn B Value of collateral Do not deduct the value of collateral to a particular claim, list the creditor's name. Scolumn B Value of collateral Do not deduct the value of collateral to a particular claim, list the creditor's name. Scolumn B Value of collateral Do not deduct the value of collateral to a contingent of the creditor's name. Scolumn B Value of collateral Do not deduct the value of collateral Do not deduct the value of collateral to a contingent of the creditor's name. Scolumn B Value of collateral Do not deduct the value of collateral to a contingent of collateral to a cont	
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Difficial Form 106D Schedule D: Creditors Who Have Claims Secured by Property Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information seneded, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name a number (if known). I. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Yes. Fill in all of the information below. Yes. Fill in all of the information below. Yes. Fill in all of the information below. Wells Hard Claims in alphabetical order according to the creditor's in Part 2. As a mount of claim Do not deduct the value of collateral that supports this claim Sandard Coll	
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Wells Fargo Hm Mortgage Creditor's Name Describe the property that secures the claim: 611 Wicker Ave. Streamwood, IL 60107 Cook County As of the date you file, the claim is: Check all that apply. Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Nescribe the property that secures the claim: \$203,680.00 \$224,102.00 \$224,102.00 \$224,102.00 \$224,102.00 Sa of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Mortgage Balance	nsecured
Describe the property that secures the claim: \$203,680.00 \$224,102.00	ortion any
Creditor's Name Same Condition Continue	
8480 Stagecoach Circle Frederick, MD 21701 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Mortgage Balance	\$0.00
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Frederick, MD 21701 Number, Street, City, State & Zip Code Unliquidated Disputed	
Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Disputed Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) ■ Mortgage Balance	
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□ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Other (including a right to offset) ■ Mortgage Balance	
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■ At least one of the debtors and another □ Check if this claim relates to a community debt □ Other (including a right to offset) ■ Other (including a right to offset)	
☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) ☐ Mortgage Balance	
Opened	
00/40 1 (
08/16 Last Active	
Date debt was incurred 11/01/17 Last 4 digits of account number 3065	

Add the dollar value of your entries in Column A on this page. Write that number here: \$203,680.00 If this is the last page of your form, add the dollar value totals from all pages. \$203,680.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

	Cas	se 17-36454	DOC 1 F	-11ed 12/08/1 Document	/ Entero Page 1	ea 12/08/17 10:1 9 of 53	4:27 Des	sc Main	12/08/17 10:12AI
Fill in	this informa	ation to identify yo	ur case:						
Debto	r 1	King W. Thoma							
Depto	1 1	First Name	Middle	Name	Last Name				
Debto	r 2								
(Spouse	e if, filing)	First Name	Middle	Name	Last Name				
United	d States Banl	kruptcy Court for the	: NORTHER	RN DISTRICT OF IL	LINOIS				
Case	number								
(if knowr								Check if this i	is an
							a	amended filin	ng
Offic	ial Farm	106E/E							
	ial Form		\A/la a	. Unacaurad	l Claima			40	NA E
		F: Creditors				Part 2 for creditors with NO			2/15
left. Atta	ach the Conti and case numb		page. If you have	no information to re		the Part you need, fill it ou do not file that Part. On the			
		s have priority unsec							
_	No. Go to Pai		ureu ciaiiris agai	nst you!					
		π 2.							
Part 2	Yes.	of Your NONPRIO	DITY Uncocura	d Claima					
	-	s have nonpriority un							
Ц	No. You have	nothing to report in th	is part. Submit this	s form to the court with	n your other sch	edules.			
	Yes.								
un: tha	secured claim,	list the creditor separa	ately for each clair	n. For each claim liste	d, identify what	o holds each claim. If a creatype of claim it is. Do not list a three nonpriority unsecured	claims already in	cluded in Part	1. If more
								Total claim	ı
4.1	Advocate	e Medical Group		Last 4 digits of ac	count number	4020			\$3,951.00
		Creditor's Name		_					<u> </u>
		Heart Specialists leyers Road, Suit		When was the deb	ot incurred?	9/17 - 10/17		_	
		k Terrace, IL 601							
	11 1 0:	eet City State Zlp Code		As of the date you	file, the claim	is: Check all that apply			
	Who incurr	ed the debt? Check o	ne.						
	Debtor 1	only		☐ Contingent					
	Debtor 2	only		☐ Unliquidated					
	Debtor 1	and Debtor 2 only		☐ Disputed					
	☐ At least of	one of the debtors and	another	Type of NONPRIO	RITY unsecure	d claim:			
		this claim is for a	ommunity	Student loans					
	debt	subject to offset?		Obligations aris		aration agreement or divorce	that you did not		
	No	Subject to Oliset?				ng plans, and other similar de	ehts		
					•	ig piano, and other similar de	,,,,,,		
	☐ Yes			Other. Specify	Medical			_	

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Debto	or 1 King W. Thomas	——————————————————————————————————————	Case number (if know)	
4.2	Alcoa Billing Center Nonpriority Creditor's Name 3429 Regal Dr.	Last 4 digits of account number When was the debt incurred?	<u>8023</u>	\$1,056.00
	Alcoa, TN 37701-3265 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical		
4.3	Alliance Pathology Consultants Ltd Nonpriority Creditor's Name	Last 4 digits of account number	1191	\$684.00
	PO Box 5967 Carol Stream, IL 60197-5967	When was the debt incurred?	9/17 - 11/17	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.4	Amita Health	Last 4 digits of account number	0583	\$1,316.00
	Nonpriority Creditor's Name 3040 W. Salt Creek Lane	When was the debt incurred?	10/17 - 11/17	
Arlington Heights, IL 60005 Number Street City State Zlp Code Who incurred the debt? Check one.		As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical		

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Debtor 1 King W. Thomas Case number (if know) 4.5 \$9,241.00 **Barclays Bank Delaware** Last 4 digits of account number 2607 Nonpriority Creditor's Name Opened 04/06 Last Active Po Box 8803 When was the debt incurred? 10/26/17 Wilmington, DE 19899 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Purchases** Other. Specify 4.6 Cardiothoracic & Vascular Surgical 7705 Last 4 digits of account number \$12,468.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 3722 11/17 **Springfield, IL 62708-3722** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.7 Cardiovascular Associates ABHVI \$567.00 Last 4 digits of account number 1931 Nonpriority Creditor's Name 900 Frontage Road When was the debt incurred? 8/17 - 11/17 Suite 325 Woodridge, IL 60517 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify

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4.8	Chase Card	Last 4 digits of account number	5173	\$6,591.00
	Nonpriority Creditor's Name P.o. Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 09/01 Last Active 11/06/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured Student loans	d claim:	
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Purchases	g plans, and other similar debts	
4.9	Chicago Cardiology Institute, Sc Nonpriority Creditor's Name	Last 4 digits of account number	9712	\$2,935.00
	75 Remittance Drive Suite 1224	When was the debt incurred?	11/17 - 9/17	
	Chicago, IL 60675-1224 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.1)	Compass Hithcare Cons, LLC Nonpriority Creditor's Name	Last 4 digits of account number	5944	\$6,760.00
	PO Box 71626 Chicago, IL 60694	When was the debt incurred?	8/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Medical		

Debtor 1 King W. Thomas

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Debto	or 1 King W. Thomas	——————————————————————————————————————	Case number (if know)				
4.1	Elk Grove Radiology SC	Last 4 digits of account number	768A	\$770.00			
	Nonpriority Creditor's Name 9410 Compubill Dr. Orland Bark, II, 60462, 2627	When was the debt incurred? 8/17 - 10/17					
	Orland Park, IL 60462-2627 Number Street City State Zlp Code	As of the date you file, the claim					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	\square Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts				
	□Yes	Other. Specify Medical					
4.1	Inpatient Consultants of IL	Last 4 digits of account number	0740	\$3,609.00			
	Nonpriority Creditor's Name PO Box 844918 Los Angeles, CA 90084-4918	When was the debt incurred?	8/17 - 10/17				
	Number Street City State Zlp Code	As of the date you file, the claim					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure					
	Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts				
	□Yes	Other. Specify Medical	·				
4.1	Medical Services RIC	Last 4 digits of account number	0208	\$428.00			
3	Nonpriority Creditor's Name			V.20.00			
	2761 Solution Center Chicago, IL 60677-2007	When was the debt incurred?	10/17				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	Contingent					
	Debtor 2 only	Debtor 1 and Debtor 2 only					
	At least one of the debtors and another	Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharir					
	□ Yes	Other Specify Medical					
	⊔ Yes						

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4.1 4	Radiological Consultants of Woodsto	Last 4 digits of account number	284A	\$1,630.00				
	Nonpriority Creditor's Name 9410 Compubill Drive Orland Park, IL 60462	When was the debt incurred?	8/17 - 10/17					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim: ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	☐ Yes	Other. Specify Medical						
4.1 5	Superior Air-Ground Ambulance Nonpriority Creditor's Name	Last 4 digits of account number	6167	\$11,320.00				
	PO Box 1407 Elmhurst, IL 60126	When was the debt incurred?	8/17					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i						
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	No	Debts to pension or profit-sharing						
	Yes	Other. Specify Medical						
4.1 6	Syncb/bp Nonpriority Creditor's Name	Last 4 digits of account number	2314	\$95.00				
	Po Box 965024 Orlando, FL 32896	When was the debt incurred?	Opened 02/68 Last Active 7/06/17					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	■ Debtor 1 only	Debtor 1 only						
	☐ Debtor 2 only	Debtor 2 only Unliquidated						
	☐ Debtor 1 and Debtor 2 only	Debtor 1 and Debtor 2 only						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured						
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa						
	Is the claim subject to offset?	report as priority claims						
	■ No		Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other. Specify Purchases						

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Case number (if know)

4.1 7	Syncb/care Credit	Last 4 digits of account number	4415	\$366.00
	Nonpriority Creditor's Name 950 Forrer Blvd Kettering, OH 45420	When was the debt incurred?	Opened 06/12 Last Active 10/24/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Purchases		
1.1 3	Village of Streamwood	Last 4 digits of account number	6350	\$472.00
	Nonpriority Creditor's Name PO Box 457	When was the debt incurred?	9/17 - 10/17	
	Wheeling, IL 60090-0457 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
1.1	Woodfield Urology	Last 4 digits of account number	8663	\$1,063.00
	Nonpriority Creditor's Name 806 E. Woodfield Road Schaumburg, IL 60173-4836	When was the debt incurred?	9/17 - 11/17	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
		. sport do priority didinio		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Official Form 106 E/F

Debtor 1 King W. Thomas

On which entry in Part 1 or Part 2 did you list the original creditor?

12/08/17 10:12AM

Desc Main Case 17-36454 Doc 1 Filed 12/08/17 Entered 12/08/17 10:14:27 Page 26 of 53 Case number (if know) Document Debtor 1 King W. Thomas **Credence Resource Managedment** Line **4.15** of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 2267 Southgate, MI 48195-4267 Last 4 digits of account number

Name and Address Credence Resource Management, 6045 Atlantic Boulevard Suite 210

Norcross, GA 30071

LLC

On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				7	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	65,322.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	65,322.00

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Page 27 of 53 Document Fill in this information to identify your case: Debtor 1 King W. Thomas Middle Name Last Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the c	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oity		Olalo	Zii Couc	
	Name				
	Number	Street			_
	Number	Sileei			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>

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	Case 17-30434	Doc 1 Thea 12700 Documer		7.14.27 DESC WAITI 12/08/17 10:12AM
Fill in thi	s information to identify your			
Debtor 1	King W. Thomas			
	First Name	Middle Name	Last Name	_
Debtor 2 (Spouse if, f	iling) First Name	Middle Name	Last Name	_
	ates Bankruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS	
Officed St	lates bankruptcy Court for the.	NORTHERN DISTRICT	OI ILLINOIS	_
Case nur	mber			☐ Check if this is an
(10)				amended filing
~ · · ·	15 40011			
	al Form 106H			
Sche	dule H: Your Cod	ebtors		12/15
ill it out, our nam	and number the entries in the e and case number (if known	e boxes on the left. Attach). Answer every question.		ce is needed, copy the Additional Page, the top of any Additional Pages, write
1. 00	you have any codebiors: (II	you are ming a joint case, or	o not list either spouse as a codebtor.	
■ Ye	es			
			pperty state or territory? (Community parto Rico, Texas, Washington, and Wisco	
	o. Go to line 3. es. Did your spouse, former spo	use, or legal equivalent live	with you at the time?	
in lin Form	ne 2 again as a codebtor only	if that person is a guarante	or or cosigner. Make sure you have li	is filing with you. List the person shown sted the creditor on Schedule D (Official ule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		The creditor to whom you owe the debt chedules that apply:
3.1	Ella R. Epling		■ Schedul	e D, line 2.1
	611 Vicker Ave. Streamwood, IL 60107			e E/F, line
			☐ Schedul Wells Farç	e G go Hm Mortgage
3.2	Vicki R. Thomas		= 0 · · · ·	
J.∠	611 Wicker Ave.			e D, line 2.1 e E/F, line
	Streamwood, IL 60107		☐ Schedul	
	Daughter			go Hm Mortgage

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Fill	in this information to identify your c	ase:							
Del	otor 1 King W. Tho	mas							
	otor 2								
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS						
_	se number nown)						ded filing nent show	ving postpetition cl	napter
0	fficial Form 106I					MM / DD/	YYYY		
S	chedule I: Your Inc	ome							12/1
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	r spouse is not filing w	ith you, do not includ	e infor	mati	on about your s	oouse. If	more space is ne	eded,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non	-filing spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Emp	oloyed		
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not	employed	I	
	employers.	Occupation	People Greeter						
	Include part-time, seasonal, or self-employed work.	Employer's name	Wal-Mart						
	Occupation may include student or homemaker, if it applies.	Employer's address	1410 Randall Rd Algonquin, IL 60						
		How long employed t	here? 2 Years						
Par	t 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for	any	line, write \$0 in th	e space.	Include your non-f	iling
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	emplo	oyers for that per	son on the	e lines below. If yo	u need
						For Debtor 1		Debtor 2 or filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	1,089.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	

1,089.00

\$

N/A

Calculate gross Income. Add line 2 + line 3.

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Debtor 1 King W. Thomas Case number (if known) For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 1.089.00 \$ N/A List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. \$ 117.00 N/A 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 \$ N/A 5c. Voluntary contributions for retirement plans 5c. \$ \$ N/A 65.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 N/A Insurance 5e. 5e. 0.00 N/A 5f. **Domestic support obligations** 5f. 0.00 N/A 5q. **Union dues** 5q. \$ 0.00 N/A 5h. Other deductions. Specify: 5h.+ \$ 0.00 \$ N/A Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 182.00 N/A Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 7. \$ 907.00 \$ N/A List all other income regularly received: Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 N/A 8h Interest and dividends 8b. \$ 0.00 N/A Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. \$ 8c. 0.00 \$ N/A **Unemployment compensation** 8d. 0.00 N/A 8e. **Social Security** 8e. 1,964.00 N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: \$ 0.00 \$ N/A 8g. Pension or retirement income \$ \$ N/A 8g. 0.00 Other monthly income. Specify: Contribution from Daughter 8h.+ \$ \$ N/A 8h. 600.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 \$ 2,564.00 N/A 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 3,471.00 \$ N/A \$ 3.471.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 3,471.00 12. applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? П Yes. Explain:

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Fill	in this information to identify y	our case:					
Deb	tor 1 King W. The	omas			Ch	eck if this is:	
	<u></u>					An amended filing	
	tor 2 buse, if filing)						wing postpetition chapter the following date:
(Орс	ouse, ir ming)						
Unite	ed States Bankruptcy Court for the	e: NORTI	HERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	e number nown)						
(11 10	Town,						
Of	fficial Form 106J						
Sc	chedule J: Your	Exper	nses				12/15
info	as complete and accurate a ormation. If more space is no nber (if known). Answer eve	eeded, atta	ach another sheet to this				
Part		ehold					
1.	Is this a joint case?						
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live	in a separ	rate household?				
	☐ No ☐ Yes. Debtor 2 mu	ıst file Offic	ial Form 106J-2, <i>Expens</i> es	for Separate House	hold of De	ebtor 2.	
2.	Do you have dependents?	■ No					
	Do not list Debtor 1 and Debtor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.						☐ Yes
							☐ No
							Yes
							□ No
							☐ Yes
							□ No
3.	Do your expenses include	_	-				☐ Yes
ა.	expenses of people other yourself and your depende	than 📮	l No l Yes				
Esti exp	Estimate Your Ongo imate your expenses as of yenses as of a date after the olicable date.	our bankr	uptcy filing date unless y				
the	lude expenses paid for with value of such assistance a ficial Form 106l.)					Your exp	enses
4.	The rental or home owners	ship exper	nses for your residence.	nclude first mortgage			
٠.	payments and any rent for the			noiddo mot mortgago	4.	\$	1,671.00
	If not included in line 4:						
	4a. Real estate taxes				4a.	·	0.00
	4b. Property, homeowner				4b.		0.00
	4c. Home maintenance, r				4c.	·	0.00
	4d. Homeowner's associa	mon or con	uominium uues		4d.	Φ	0.00

5. \$

0.00

Additional mortgage payments for your residence, such as home equity loans

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Deb	tor 1	King W.	Thomas	Case num	nber (if known)	
6.	Utilit	ies:				
٥.	6a.		heat, natural gas	6a.	\$	322.00
	6b.	•	wer, garbage collection	6b.		170.00
	6c.		e, cell phone, Internet, satellite, and cable services	6c.		230.00
	6d.	Other. Spe		6d.		0.00
7.			ekeeping supplies	7.	· ·	349.00
8.			children's education costs	8.	·	0.00
9.			ry, and dry cleaning	9.	·	125.00
			products and services	10.	· ·	132.00
11.		-	ntal expenses	11.	·	49.00
			Include gas, maintenance, bus or train fare.		<u> </u>	43.00
12.		•	ar payments.	12.	\$	230.00
13.			clubs, recreation, newspapers, magazines, and	books 13.	\$	0.00
			ributions and religious donations	14.	\$	0.00
		rance.	•			
	Do no	ot include in	surance deducted from your pay or included in line	s 4 or 20.		
	15a.	Life insura	ince	15a.	\$	103.00
	15b.	Health inst	urance	15b.	\$	0.00
	15c.	Vehicle ins	surance	15c.	\$	90.00
	15d.	Other insu	rance. Specify:	15d.	\$	0.00
16.	Taxe	s. Do not in	clude taxes deducted from your pay or included in	ines 4 or 20.		
	Spec	cify:		16.	\$	0.00
17.	Insta	illment or le	ease payments:			
			ents for Vehicle 1	17a.	\$	0.00
	17b.	Car payme	ents for Vehicle 2	17b.	\$	0.00
	17c.	Other. Spe	ecify:	17c.	\$	0.00
	17d.	Other. Spe	ecify:	17d.	\$	0.00
18.			of alimony, maintenance, and support that you			0.00
			your pay on line 5, <i>Schedule I, Your Income</i> (Off		·	0.00
19.	Othe	r payments	s you make to support others who do not live wi		\$	0.00
	Spec	-		19.		
20.			erty expenses not included in lines 4 or 5 of this			
			s on other property	20a.		0.00
		Real estat		20b.	·	0.00
			homeowner's, or renter's insurance	20c.	· -	0.00
			nce, repair, and upkeep expenses	20d.	·	0.00
	20e.	Homeown	er's association or condominium dues	20e.	·	0.00
21.	Othe	r: Specify:		21.	+\$	0.00
22	Calc	ulato vour r	monthly expenses	_		
22.		Add lines 4			\$	2 474 00
			9	ial Form 106 L 2	\$	3,471.00
			2 (monthly expenses for Debtor 2), if any, from Office	iai F0III 106J-2		
	22c.	Add line 22a	a and 22b. The result is your monthly expenses.		\$	3,471.00
23.	Calc	ulate vour r	monthly net income.			
			12 (your combined monthly income) from Schedule	I. 23a.	\$	3,471.00
			monthly expenses from line 22c above.	23b.	*	3,471.00
	_55.	Jopy Jour	onponess non-mio beo abovo.	200.	*	5,77 1.00
	23c.	Subtract v	our monthly expenses from your monthly income.			
	_55.		is your monthly net income.	23c.	\$	0.00
			,			
24.			an increase or decrease in your expenses withir			
			ou expect to finish paying for your car loan within the year of your mortage?	r do you expect your mortgage	payment to increas	se or decrease because of a
			terms of your mortgage?			
	■ N					
	□ Ye	es.	Explain here:			

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Fill in this inforr	mation to identify your	case:			
Debtor 1	King W. Thomas				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Case number					☐ Check if this is an
(ii kilowii)					amended filing
					amended ming
Official Forn	n 106Dec				
		and the although the said	Dalataria Os	de a de da a	
Declarat	cion About a	ın Individual	Deptor's So	cnedules	12/15
If two married pe	eople are filing togethe	r, both are equally respon	sible for supplying co	rect information.	
You must file this	s form whenever you fi	le bankruptcy schedules	or amended schedules	. Making a false state	ment, concealing property, or
					0, or imprisonment for up to 20
years, or both. 1	8 U.S.C. §§ 152, 1341, 1	519, and 3571.		•	•
Sign	n Below				
Did you pa	y or agree to pay some	one who is NOT an attorn	ey to help you fill out	bankruptcy forms?	
■ No					
☐ Yes. N	Name of person			Attach Bank	ruptcy Petition Preparer's Notice,
_	• —			Declaration,	and Signature (Official Form 119)
Under nene	lty of porium, I doolore	that I have read the summ	ary and cahadulas file	ad with this dealeration	n and
	e true and correct.	that I have read the Sumin	iary and schedules in	eu with this declaration	n and
	g W. Thomas		X		
-	V. Thomas		Signature of	Debtor 2	
Signatui	re of Debtor 1				

Date

Date December 8, 2017

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Fil	ll in this inforn	nation to identify you	r case:			
De	ebtor 1	King W. Thomas	3			
_		First Name	Middle Name	Last Name		
1 '	ebtor 2 oouse if, filing)	First Name	Middle Name	Last Name		
Ur	nited States Ba	nkruptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS		
	ase number _ known)				_	Check if this is an imended filing
St Be infe	as complete a	of Financial	Affairs for Individ	re filing together, both are	equally responsible for sup	
	•	,	rital Status and Where You	Lived Refore		
1.	<u> </u>	r current marital statu		LIVER DETOTE		
	☐ Married ■ Not mar					
2.	During the la	ast 3 years, have you	lived anywhere other than w	here you live now?		
	□ No ■ Yes. Lis	t all of the places you l	ived in the last 3 years. Do not	t include where you live now		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
		itain Green Dr. ke, IL 60014	From-To: 5/15 To 8/16	☐ Same as Debtor 1		☐ Same as Debtor 1 From-To:
	■ No □ Yes. Ma	es include Árizona, Ca	ver live with a spouse or legalifornia, Idaho, Louisiana, Nevented in the light of	ada, New Mexico, Puerto Ri		
4.	Fill in the total f you are filir	al amount of income yo	nployment or from operating u received from all jobs and al have income that you receive	I businesses, including part-	time activities.	ndar years?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$13,750.00	☐ Wages, commissions, bonuses, tips	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Operating a business

Official Form 107

☐ Operating a business

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Debtor 1 King W. Thomas

Description: Little ed 12/00/17 10:14:27 Description: Desc

	Debtor		or 1		Debtor 2					
			ces of income k all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.					
For last calendar year: (January 1 to December 31, 2016)			ages, commissions, ses, tips	\$14,820.00	☐ Wages, commiss bonuses, tips	ions,				
		□ O _l	perating a business		☐ Operating a busing	ness				
For the calendar year before that: January 1 to December 31, 2015)		015) - "	■ Wages, commissions, bonuses, tips \$14,000.00 □ Wages, commissions, bonuses, tips							
		□ O _l	perating a business		☐ Operating a busing	ness				
and other winnings. List each No	public benefit pay If you are filing a	ments; pension joint case and y	ns; rental income; inter you have income that y	amples of other income are a rest; dividends; money collection received together, list it of tely. Do not include income the	ted from lawsuits; royal only once under Debtor	Ities; and gambling and lotter				
			or 1 ces of income ibe below.	Gross income from each source (before deductions and	Debtor 2 Sources of income Describe below.	Gross income (before deduction and exclusions)				
From January 1 of current year until state you filed for bankruptcy:			al Security	exclusions) \$21,604.00						
or last caler anuary 1 to	ndar year: December 31, 2	Socia	al Security	\$23,568.00						
	dar year before t December 31, 2		al Security	\$23,496.00						
	1 October Berner	-4- V M- d-	Dafana Van Ella difan	D						
	List Certain Payments You Made Before You Filed for Bankruptcy ither Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurr individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?									
	□ No. Go	to line 7.		, , ,	. ,					
	paid not	d that creditor. I include payme	Do not include paymer nts to an attorney for t		ations, such as child su	upport and alimony. Also, do				
_		Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.								
■ Yes.			or 2 or both have primarily consumer debts. s before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?							
	■ No. Go	to line 7.								
	incl		for domestic support o	d a total of \$600 or more and bligations, such as child supp						
Creditor's Name and Address			Dates of payme	ent Total amount paid	Amount you Wa	as this payment for				

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Debtor 1 King W. Thomas

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.												
	Yes. List all payments to an insider.												
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment							
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.												
	No☐ Yes. List all payments to an insider												
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment litor's name							
Par	t 4: Identify Legal Actions, Repossession	e and Foroclosures											
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details.												
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case							
	Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.												
	Creditor Name and Address	Describe the Property Explain what happened			le	property							
	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.												
	Creditor Name and Address	Describe the action the creditor took			Date action was Amou								
	 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes 												
Pai	t 5: List Certain Gifts and Contributions												
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gifts	s with a total value	of more than \$	600 per person	?							
	Gifts with a total value of more than \$600 per person	Describe the gifts			tes you gave e gifts	Value							
	Person to Whom You Gave the Gift and Address:												

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14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.							
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	otal	Describe what you contributed		Dates you contributed	Value		
Par	t 6: List Certain Losses							
15.	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?							
	■ No □ Yes. Fill in the details.							
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the I the amount that insurance has paid. I ce claims on line 33 of Schedule A/B:	List pending	Date of your loss	Value of property lost		
Par	t 7: List Certain Payments or Transfers							
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.							
	Yes. Fill in the details.	Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou	Description and value of any prop transferred	perty	Date payment or transfer was made	Amount of payment		
	David M. Siegel & Associates 790 Chaddick Drive Wheeling, IL 60090		Attorney Fees		11/18/17 & 11/21/17	\$400.00		
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	itors o	to make payments to your creditor		r transfer any propei	rty to anyone who		
	■ No □ Yes. Fill in the details.							
	Person Who Was Paid Address		Description and value of any prop transferred	perty	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.							
	■ No □ Yes. Fill in the details.							
	Yes. Fill in the details. Person Who Received Transfer		Description and value of	Describe a	ny property or	Date transfer was		
	Address Person's relationship to you		property transferred		received or debts	made		

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ase number (*if known*)

Debtor 1 King W. Thomas

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Nο Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Describe the contents Do you still Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Describe the contents Name of Storage Facility Who else has or had access Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. П Describe the property **Owner's Name** Where is the property? Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code)

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 King W. Thomas

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?					
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of an					
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or admin	istrative proceeding under any envi	ronmental law? Include settlements a	nd orders.		
	■ No					
	Yes. Fill in the details. Case Title	Court or agency	Nature of the case	Status of the		
	Case Number	Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	case		
Par	11: Give Details About Your Business or Co	nnections to Any Business				
27.	Within 4 years before you filed for bankruptcy,	, did you own a business or have an	y of the following connections to any	business?		
	☐ A sole proprietor or self-employed in a	A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time				
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)					
	☐ A partner in a partnership					
	☐ An officer, director, or managing execu	utive of a corporation				
	☐ An owner of at least 5% of the voting o	or equity securities of a corporation				
	No. None of the above applies. Go to Part 12.					
	☐ Yes. Check all that apply above and fill in the details below for each business.					
	Business Name D Address	Describe the nature of the business	Employer Identification number Do not include Social Security n	Employer Identification number Do not include Social Security number or ITIN.		
	(Number, Street, City, State and ZIP Code)	lame of accountant or bookkeeper	Dates business existed			
28.	Vithin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial astitutions, creditors, or other parties.					
	■ No					
	Yes. Fill in the details below.					
	Name D Address (Number, Street, City, State and ZIP Code)	ate Issued				

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Debtor 1 King W. Thomas Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ King W. Thomas Signature of Debtor 2 King W. Thomas Signature of Debtor 1 Date December 8, 2017 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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		200	amont rage is a se	
Fill in this infor	mation to identify your	case:		
Debtor 1	King W. Thomas			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
	, ,			
Case number (if known)				☐ Check if this is an
				amended filing
Official Fo	rm 108			
Stateme	nt of Intentic	on for Indiv	iduals Filing Under Chapte	er 7 12/15
	ividual filing under cha		Il out this form if:	
_	e claims secured by yo		et avelerad	
	sed personal property is form with the court v		iot expired. You file your bankruptcy petition or by the date se	et for the meeting of creditors,
whiche on the		he court extends th	e time for cause. You must also send copies to the	e creditors and lessors you list
		ar in a joint case ho	oth are equally responsible for supplying correct in	formation Roth debtors must
	nd date the form.	in a joint case, be	on are equally responsible for supplying correct in	mormation. Both debtors mast
			s needed, attach a separate sheet to this form. On	the top of any additional pages,
write y	our name and case nu	mber (if known).		
Part 1: List Y	our Creditors Who Hav	ve Secured Claims		
•	-	Part 1 of Schedule D	2: Creditors Who Have Claims Secured by Property	(Official Form 106D), fill in the
information be Identify the cr	elow. editor and the property	that is collateral	What do you intend to do with the property that	Did you claim the property
			secures a debt?	as exempt on Schedule C?
			_	
Creditor's V name:	Vells Fargo Hm Mor	tgage	☐ Surrender the property.	□ No
name.			☐ Retain the property and redeem it. ☐ Retain the property and enter into a	Yes
Description of property	611 Wicker Ave. S IL 60107 Cook Co	· ·	Reaffirmation Agreement.	
securing debt		Junty	Retain the property and [explain]: Debtor will retain collateral and continue	
Scouring debt	•		to make regular payments.	
Dort O. Liet V	aur Unavaired Darson	al Dramorty Lagon		
	our Unexpired Person ed personal property le		in Schedule G: Executory Contracts and Unexpire	ed Leases (Official Form 106G), fill
			nexpired leases are leases that are still in effect; the the trustee does not assume it. 11 U.S.C. § 365(p)(
Describe your u	unexpired personal pro	operty leases		Will the lease be assumed?
	, , , , , , , , , , , , , , , , , , , ,			
Lessor's name: Description of le	ased			□ No
Property:				☐ Yes
Lessor's name:				
Lessor's name:	acad			□ No

Official Form 108

Property:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Yes

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Debtor 1 King W. Thomas Case number (if known) ☐ No Lessor's name: Description of leased Property: ☐ Yes Lessor's name: ☐ No Description of leased Property: ☐ Yes Lessor's name: □ No Description of leased Property: ☐ Yes Lessor's name: □ No Description of leased Property: ☐ Yes Lessor's name: □ No Description of leased Property: ☐ Yes Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. χ /s/ King W. Thomas Signature of Debtor 2 King W. Thomas Signature of Debtor 1 Date December 8, 2017 Date

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-36454 Doc 1 Filed 12/08/17 Entered 12/08/17 10:14:27 Desc Main Document Page 47 of 53

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In r	e King W. Thomas		Case No.			
		Debtor(s)	Chapter	7		
	DISCLOSURE OF COME	PENSATION OF ATTO	RNEY FOR DE	EBTOR(S)		
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplation	filing of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to		
	For legal services, I have agreed to accept		\$	1,435.00		
	Prior to the filing of this statement I have receive	/ed	\$	400.00		
	Balance Due			1,035.00		
2.	The source of the compensation paid to me was:					
	\blacksquare Debtor \square Other (specify):					
3.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
4.	■ I have not agreed to share the above-disclosed co	ompensation with any other person	unless they are mem	bers and associates of my law firm.		
	☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the					
5.	In return for the above-disclosed fee, I have agreed t	to render legal service for all aspect	s of the bankruptcy c	ase, including:		
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;					
	 b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; 					
	 d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for 					
	agreements and applications as need avoidance of liens on household goo		motions pursuant	to 11 USC 522(f)(2)(A) for		
6.	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any cases), or any other adversary proce	dischargeability actions, judi		es (except in Chapter 13		
		CERTIFICATION				
this	I certify that the foregoing is a complete statement of bankruptcy proceeding.	f any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in		
	December 8, 2017	/s/ David M. Siege	el			
_	Date	David M. Siegel				
		Signature of Attorne David M. Siegel 8				
		790 Chaddick Dri	ve			
		Wheeling, IL 6009 (847) 520-8100	90			

Name of law firm

Chapter 7 Bankruptcy Retainer Agreement

This agreement acknowledges that the undersigned individual(s) [Client(s)] hereby retains and employs the Law Firm of DAVID M. SIEGEL & ASSOCIATES [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Client agrees to pay Attorney as follows:

- a) A FLAT FEE as specified in paragraph H will be required to file a bankruptcy petition for the Client and for representation of the Client through discharge. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation shall begin upon execution of this agreement and tender of the initial payment, and will continue until the end of the case. The fee includes the preparation, review, and revision of the bankruptcy petition, communications with the Client, representation and appearance at the §341 Meeting of Creditors and §2004 examinations as necessary, communication with the bankruptcy and United States trustees, communication with creditors, review and completion of reaffirmation agreements, and court appearances.
- c) The fee **does not** include representation in any adversarial proceedings. The Client and Attorney may enter in to an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- d) Additional Fees:
 - A fee of \$250.00 shall be added in the event that Client misses the scheduled §341 Meeting of Creditors.
 - A fee of \$100.00 shall be added to amend Schedules D, E, and F to include creditors who were not originally provided by the Client. The Client has the full responsibility to ensure that all creditors are listed.
 - A fee of \$25.00 shall be added for any non-sufficient/returned checks. Post-dated checks are not accepted and will be voided upon receipt.
 - A fee of \$820.00 shall be added to reopen a case and file the second credit counseling certificate if the Client fails to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- e) The Client will be billed on any outstanding balance at the rate of \$100.00 every two weeks. Clients who fail to make payments as required will be assessed late fees in the amount of \$25.00 per billing period plus interest at the rate of 18% per year on any unpaid balance.
- f) No case shall be filed until all fees are paid in full.
- g) In the event that a Client pays the flat fee in full, and later elects to not proceed with the case, the Client is entitled to a refund of the court costs and filing fees only.

Important Bankruptcy Information

Debts that are Discharged

The Chapter 7 discharge order eliminates a Client's legal obligation to pay a debt that is discharged. Most, but not all, types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different Chapter of the Bankruptcy Code and converted to a Chapter 7, the discharge applies to debts owed when the bankruptcy case was converted.)

Debts that are Not Discharged

Some of the common types of debts which are not discharged in a Chapter 7 bankruptcy case are:

a) Debts for most taxes;

H.

- b) Debts that are in the nature of alimony, maintenance, or support;
- c) Debts for student loans;
- d) Debts for most fines, penalties, forfeitures, or criminal restitution obligations;
- e) Debts for personal injuries or death caused by the Client's operation of a motor vehicle while intoxicated;
- f) Some debts that are not properly listed by the Client;
- g) Debts that the bankruptcy court specifically determines to be non-dischargeable;
- h) Debts for which the Client has given up the discharge protection by signing reaffirmation agreements in compliance with the Bankruptcy Code requirements for reaffirming debts.

The **FLAT FEE** for representation in this matter will be $\frac{\cancel{143}}{\cancel{143}}$

Client acknowledge that he or she has read this agreement in its entirety, understands it fully, has had an

opportunity to ask questions regardi	ing this agreement, is satisfied with it, and accepts it in its entirety.
Date: 11/17/17	Signed: King Thomas
	Print: King Thomas
Date:	Signed:
	Print:
Date: 11 17 17	Signed: Attorney for/David M. Siegel

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United States Bankruptcy CourtNorthern District of Illinois

		1 (of the H District of Immors		
In re	King W. Thomas		Case No.	
		Debtor(s)	Chapter 7	
	VE	ERIFICATION OF CREDITOR N	MATRIX	
		Number of	f Creditors:	24
	The above-named Debtor(s) (our) knowledge.) hereby verifies that the list of cred	itors is true and correct to	o the best of my
Date:	December 8, 2017	/s/ King W. Thomas King W. Thomas Signature of Debtor		

Advocate Medical Group Midwest Heart Specialists 1901 S Meyers Road, Suite 350 Oakbrook Terrace, IL 60181

Alcoa Billing Center 3429 Regal Dr. Alcoa, TN 37701-3265

Alliance Pathology Consultants Ltd PO Box 5967 Carol Stream, IL 60197-5967

Amita Health 3040 W. Salt Creek Lane Arlington Heights, IL 60005

Barclays Bank Delaware Po Box 8803 Wilmington, DE 19899

Cardiothoracic & Vascular Surgical PO Box 3722 Springfield, IL 62708-3722

Cardiovascular Associates ABHVI 900 Frontage Road Suite 325 Woodridge, IL 60517

Chase Card P.o. Box 15298 Wilmington, DE 19850

Chicago Cardiology Institute, Sc 75 Remittance Drive Suite 1224 Chicago, IL 60675-1224

Compass Hlthcare Cons, LLC PO Box 71626 Chicago, IL 60694

Credence Resource Managedment LLC PO Box 2267 Southgate, MI 48195-4267

Credence Resource Management, LLC 6045 Atlantic Boulevard Suite 210 Norcross, GA 30071

Elk Grove Radiology SC 9410 Compubill Dr. Orland Park, IL 60462-2627

Ella R. Epling 611 Vicker Ave. Streamwood, IL 60107

Inpatient Consultants of IL PO Box 844918 Los Angeles, CA 90084-4918

Medical Services RIC 2761 Solution Center Chicago, IL 60677-2007

Radiological Consultants of Woodsto 9410 Compubill Drive Orland Park, IL 60462

Superior Air-Ground Ambulance PO Box 1407 Elmhurst, IL 60126

Syncb/bp Po Box 965024 Orlando, FL 32896

Syncb/care Credit 950 Forrer Blvd Kettering, OH 45420

Vicki R. Thomas 611 Wicker Ave. Streamwood, IL 60107 Village of Streamwood PO Box 457 Wheeling, IL 60090-0457

Wells Fargo Hm Mortgage 8480 Stagecoach Circle Frederick, MD 21701

Woodfield Urology 806 E. Woodfield Road Schaumburg, IL 60173-4836